

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016727

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 102

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		c. CITY OR TOWN CHILLICOTHE	
Length of stay in 1b 70 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET ADDRESS (If outside, give location) 209 STEWART ST.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LOIS EVALINE KERNS		4. DATE OF DEATH Month APRIL Day 6 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/2/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (last birthday) 80
11. BIRTHPLACE (City and state or country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LENARD WHORTON		13b. MOTHER'S MAIDEN NAME AMANDA JOHNSON	
14. NAME OF HUSBAND OR WIFE IRA F. KERNS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address O.M. KERNS: TRENTON, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarction DUE TO (b) Recent amputation of right leg DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 hours 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus - Gangrene of right foot			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1953 to April 6, 1963 and last saw her alive on April 6, 1963 Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William L. Fair, M.D. (Degree or title)		22b. ADDRESS Chillicothe, MO.	
22c. DATE SIGNED 4/16/63		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-8-63	23c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT CEMETERY	23d. LOCATION (City, town, or county) LIVINGSTON COUNTY, MO.
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. Apr. 18, 1963	
26. REGISTRAR'S SIGNATURE Annalee Taylor			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DATE TAKEN TO DR. FAIR 4/6/63
DATE REC'D FROM DR. FAIR Apr 18 1963
Date rec'd by Registrar 4-18-1963